



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
(615) 741-1670**

TO: COUNTY MUTUALS TRANSACTING BUSINESS IN THE STATE OF TENNESSEE

RE: FILING STATEMENT OF PREMIUMS AND FEES FOR TAXATION

Following you will find tax form for filing "Statement of Premiums and Fees for Taxation" for the period January 1 through December 31.

PLEASE NOTE: All such taxes shall not be considered as paid on or before March 1 unless the tax return and payment are actually received in the department on or before March 1, except that a tax return with payment will be considered "timely filed" provided such premium tax return and payment bears a **United States Post Office Cancellation Mark** stamped on the envelope of no later than March 1. A company meter date or postage stamp will not be acceptable as competent evidence that the tax return was timely filed if the tax return is received in the department after the due date, unless it is cancelled over by the U.S. Postal Service. It is advised, if your company feels the tax return may be received in the department after March 1, that certified mail with a U.S. Postal Cancellation Stamp on the receipt be obtained, a certificate of mailing, or request that the U.S. Postal authorities cancel over the postage in your presence. Based upon past experience, the U.S. Post Office does not always cancel over company metered mail. **No grace period will be allowed for late filing of the premium tax return.**

Premium tax returns and payments thereon must be mailed to a separate post office box number. Any other materials or forms which do not pertain to premium taxes should be sent under separate cover. **DO NOT** include the Statement of Premiums and Fees for Taxation in the Annual Statement mailing.

The address for **PREMIUM TAX RETURNS** is as follows:

TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE
Division of Insurance
P.O. Box 198983
Nashville, TN 37219-8983

HOWEVER, PLEASE NOTE: If the tax return is mailed via overnight courier, the following address should be used:

TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE
FINANCIAL AFFAIRS SECTION / ANALYTICAL UNIT 0576
ATTENTION: PREMIUM TAX SECTION
500 James Robertson Parkway, 4th Floor
Nashville, TN 37243

Any questions should be directed to the Department's Tax Audit Section, phone (615) 741-1670.



STATE OF TENNESSEE
THE DEPARTMENT OF COMMERCE AND INSURANCE
P.O. BOX 198983
Nashville, TN 37219-8983
(615) 741-1670

**STATEMENT OF PREMIUMS AND FEES FOR TAXATION
(To Be Filed On Or Before March 1)**

COUNTY MUTUALS

FOR DEPARTMENT USE ONLY

121/972 _____

131 _____

880/300 _____

125 _____

122/981 _____

880/554 _____

Company Name		Contact Person		Posted by	
Address (No. & Street)		E-Mail Address		Calendar Year	NAIC CO.CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City, State & Zip		Phone Number/ Fax Number		Date Admitted to TN	Domiciliary State

	Premiums	Tax
1. Premium Tax -- (2.5% On taxable direct Premiums other than Workmen's Compensation)	\$	\$
2. Workmen's Compensation Tax -- (4% on Workmen's Compensation Premiums)	\$	\$
*3. Premiums, if any, required to balance with Schedule T	\$	
4. Total premiums reported on Schedule T (Tennessee Business)	\$	
5. Total Tax (Sum of Lines 1 and 2) If less than \$150.00, Enter \$150.00 MINIMUM TAX)		\$
6. Fire Marshal Tax -- (as Computed in Schedule B)		\$
7. Workmen's Compensation Surcharge -- (as Computed in Schedule E)		\$
8. Premium finance or service charges not included in above tax @ 2.5%	\$	\$
9. Total premium, fire marshal, workmen's compensation surcharge and premium finance or service charge taxes (Sum of line 5 thru 8)		\$
* Do Not list a negative Tax amounts on any of the above lines; if negative, enter zero (0)		
10. Reduction in premium tax for investment in TN Securities, for January 1-December 31 (Schedule C)		\$
11a. Amount Paid TN Insurance Dept. previous Three Quarters: Premium Tax		\$
11b. Amount Paid TN Insurance Dept. previous Three Quarters: Workmen's Compensation Tax		\$
11c. Amount Paid TN Insurance Dept. previous Three Quarters: Fire Marshal Tax		\$
11d. Amount Paid TN Insurance Dept. previous Three Quarters: Workmen's Comp Surcharge Tax		\$
12. Credit Due Company for TN Guaranty Association Assessment		\$
* (Important: See Limitations set forth in Tenn. Code Ann. § 56-12-115)		
13. Credit Due Company for the TN Life and Health Insurance Guaranty Association Assessment		\$
* (Important: See Limitations set forth in Tenn. Code Ann. § 56-12-212)		\$
14. Total Deductions (sum of lines 10 thru 13)		\$
15. Total Tax Due (Line 9 Minus Line 14)		\$
16. Retaliatory Tax (As Computed in Schedule D)		\$
17. Annual Statement Filing Fee (Must be Remitted Even if Credit or Refund is Due)		\$ 515.00
18. TOTAL AMOUNT DUE (Sum of lines 15 thru 17)		\$
Please attach a copy of Tennessee business page from the Annual Statement.		

Make remittance payable to: TENNESSEE DEPT. OF COMMERCE & INSURANCE

* Explanation of Non-Taxable Premiums Required to Balance With Schedule T of Annual Statement.

FOR DEPARTMENT USE ONLY

Audited By _____ Date ____ / ____ / ____

**Schedule B – COMPUTATION OF FIRE MARSHAL TAX
(To Be Computed By Property Insurers Only)**

LINE OF BUSINESS	* DIRECT PREMIUMS	PERCENTAGE TO BE APPLIED	FIRE PORTION
Fire Lines	\$	100%	\$
Farm owners Multiple Peril	\$	55%	\$
Homeowners Multiple Peril	\$	55%	\$
Combined coverage including fire, extended coverage, vandalism, malicious, mischief and theft	\$	60%	\$
Fire Portion Subject to Fire Marshal Tax (Sum of the above fire portion lines)			\$
Apply ¾ of 1%			x 0.0075
FIRE MARSHAL TAX			\$
Do not list negative amounts on any of the above lines; if negative, enter zero (0)			ENTER THIS AMOUNT ON LINE 6, PAGE 1

* Premiums to agree with respective lines on page 15 (Tennessee business page) from the Annual Statement.

**Schedule C– INVESTMENT SCHEDULE
(SEE INSTRUCTION)**

NOTE: Tennessee investments must equal at least 25% of admitted assets before Credit can be allowed.	Column 1	Column 2	
	Tennessee	Next Highest state	List name of state in which company had next highest percentage of admitted assets invested.
1. Real Estate	\$		\$
2. State, county, municipal, or other political subdivision bonds	\$		\$
3. Mortgage Loans	\$		\$
4. Average daily bank balances throughout the current taxable period	\$		\$
5. Stocks	\$		\$
6. Any other property or security in which by law such insurance company may invest its funds	\$		\$
7. Totals	\$		\$
8. Ratio Column 1 to Column 2			
*9. Percentage reduction in Premium Tax			
(TENNESSEE INVESTMENTS MUST EQUAL 25% OF TOTAL ADMITTED ASSETS BEFORE ANY CREDITS ARE ALLOWABLE)			
10. Premium Tax for Full Calendar Year (Sum of Lines 1, 2, and 8 from page 1)			\$
11. Premium Tax As Reported on June 1 and August 20 Only If Investments for First Six Months Period Are not Qualified			(\$)
12. Amount of Premium Tax Subject to Reduction (Subtract Line 11 from Line 10)			\$
13. Tax Reduction for January 1 thru December 31 (Multiply Line 12 by Line 9)			\$
			ENTER THIS AMOUNT ON LINE 10, PAGE 1

* The percentage reduction in Premium Tax (Line 9)

If Line 8 is less than 70%, this schedule need not be completed in detail	0%
If Line 8 is not less than 70% or more than 80%	25%
If Line 8 is more than 80% but not more than 90%	50%
If Line 8 is more than 90%	75%

Schedule D (COMPUTATION OF RETALIATORY TAX)		Taxes and Fees Payable to Tennessee	Taxes and Fees which a TN Company, with identical Premium or other Income, would have paid in your State
1. Filing Annual Statement		\$515.00	
2. Certificate of Authority Renewal (Company)			
3. Department Licenses and Fees (Itemize) (a) _____ (b) _____			
4. Agents License Fees (Certificates of Authority) Show how figure was calculated on back of form or attach separate sheet.			
5. Agents Examination Fees and Filing Fees (Itemize) (a) _____ (b) _____			
	Premiums		
6a. Tennessee Premium Tax @ 2.50%			
6b. Tennessee Workmen's Compensation Tax @ 4.00%			
6c. Tennessee Fire Marshal Tax @ 0.75%			
6d. Tennessee Workmen's Comp. Surcharge @ 0.40%			
*6e. State of Incorporation Premium Tax @ _____ %			
*6f. State of Incorporation Workmen's Comp Tax @ _____ %			
*6g. State of Incorporation Fire Tax @ _____ %			
*6h. State of Incorporation _____ @ _____ %			
*6i. State of Incorporation _____ @ _____ %			
7. Additional Premium Tax of _____% Account of Aggregate City, County, or Other Political Subdivisions			
8. Premium Finance, Service Charges, or Policy Fee Not Included in line 6a and 6e \$ _____ @ _____ % (TN/ TAX @ 2.5%)			
9. Any Additional Tax, Fee or Obligation Subject to Retaliatory Law (Itemize) _____			
10. TOTALS (TN Minimum-\$515.00 Annual Statement Filing Fee plus \$150.00 Premium Tax)		\$	\$
11. DEDUCT TAXES AND FEES PAYABLE TO TENNESSEE (From line 10)			(\$)
12. IF POSITIVE (PLUS) REMAINDER, ENTER ON PAGE 1, Line 16, RETALIATORY TAX (Line 10 Minus Line 11)			\$

<p>* Explain any reduction of premiums from state of incorporation basis in line 6e thru 6i.</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>FOR DEPARTMENT USE ONLY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Audited By _____ Date ____ / ____ / ____</p>
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Schedule E – WORKMEN'S COMPENSATION INSURANCE SURCHARGE
(To Be Completed By All Companies Writing Workmen's Compensation Insurance)

If Company did not write any Workmen's Compensation premiums during prior calendar quarter, please indicate as "NONE" on Line 1 of this Schedule.

1. Gross Workmen's Compensation Premiums as listed on Line 2, Page 1	\$
*2. Subtract Premiums not subject to Surcharge (see note below)	(\$)
3. Premiums subject to Workmen's Compensation Surcharge	\$
4. Apply four-tenths of one percent (0.4%) rate to amount on line 3	x 0.004
5. WORKMEN'S COMPENSATION SURCHARGE (January 1 thru December 31)	\$
Do not list a negative Surcharge amount on line 5; if negative, enter zero (0)	ENTER THIS AMOUNT ON LINE 7, PAGE 1.

NOTE:

*The Surcharge of four-tenths of one percent (0.4%) on Workmen's Compensation Insurance shall not apply to any premiums written on or for an employer who employs ten (10) or less employees unless such employer is in the business of construction or manufacturing.

Explain in detail the method used in calculating any reduction of Workmen's Compensation Surcharge premiums which are not subject to the Surcharge tax in the space below:

STATEMENT OF PREMIUMS AND FEES FOR TAXATION MUST OBTAIN ORIGINAL SIGNATURE AND NOTARY

STATE OF _____ COUNTY OF _____

I, _____, do hereby make oath that I am _____
(Officer's Name) (Official Title)

of the _____
(Company Name)

and that the foregoing Statement of Premiums and Fees for Taxation is true to the best of my knowledge, information and belief.

Signature of Officer

Notary Public

(SEAL)

Subscribed and Sworn before me _____

My commission expires _____
Date

FOR DEPARTMENT USE ONLY

Audited By _____ Date ____/____/____

TENNESSEE STATUTES APPLICABLE TO PREMIUM TAXES

LINE 1	Tax on Premiums _____	Tenn. Code Ann. § 56-4-204
		Tenn. Code Ann. § 56-4-205
LINE 2	Tax on Workmen's Compensation Premiums _____	Tenn. Code Ann. § 56-4-206
LINE 5	Minimum Tax Stipulated _____	Tenn. Code Ann. § 56-4-205
LINE 6	Additional Tax on Fire Insurance _____	Tenn. Code Ann. § 56-4-208
LINE 7	Surcharge on Workmen's Comp. Premiums _____	Tenn. Code Ann. § 56-4-206
LINE 8	Tax on Finance and Service Charge Premiums _____	A.G. Opinion 5-9-83
LINE 10	Reduction in Tax for Investment in State _____	Tenn. Code Ann. § 56-4-210
LINE 12	Tennessee Guaranty Association Credit (Maximum Deduction Not to Exceed 25% of net Premium Taxes (Sum of Lines 1, 2 and 8 minus Line 10, Page 1). No Deductions Are Allowed For Assessments Made On Account of Insolvencies Occurring Prior to April 16, 1975 _____	Tenn. Code Ann. § 56-12-115
LINE 13	Tennessee Life and Health Insurance Guaranty Association Credit _____	Tenn. Code Ann. § 56-12-212
LINE 16	Reciprocity of Treatment (Retaliatory Tax) _____	Tenn. Code Ann. § 56-4-218
LINE 17	Fees Collected by Commissioner _____	Tenn. Code Ann. § 56-4-101
	FAILURE TO FILE TAX RETURN Within Time Prescribed _____	Tenn. Code Ann. § 56-4-216
	FAILURE TO FILE ANNUAL STATEMENT Within Time Prescribed _____	Tenn. Code Ann. § 56-1-502